

KEEP BOWRAL HOSPITAL PUBLIC!

Is it true that the private provision of health services is more cost efficient than the public?

No. There is no regulation around how prices are set by private operators. Considerable evidence lately has highlighted the inflated prices private facilities are charging for procedures, which simply isn't an affordable option for many Australians. Even those on the highest tier of private healthcare are being hit with high out-of-pocket costs.

There's also the cost to the taxpayer. Taking hospitals out of public hands and essentially gifting private operators with the opportunity to run the partnership partly off the taxes we pay doesn't add up.

If the private provider doesn't then turn a profit and the government is forced to buy back the hospital – as we've seen many times before (Port Macquarie, La Trobe), then that cost is passed on to the taxpayer.

Will the local communities of Bowral have the same right to be public patients as other residents in NSW even if they have insurance?

There is increasing pressure from the NSW Government to make sure that privately insured patients are not treated as public patients in public hospitals. Messages around public hospitals claim "you will directly help our hospital if you choose to use your private health insurance".

Private operators make more of a profit off private patients, so it would not be surprising to see some influence used to enhance the attractiveness of private health care over the public waiting list. However, many patients do not realise that by going through as a private patient, they will be forced to pay the gap that their health insurance doesn't cover.

Will staff from the public hospitals lose their entitlements if they work for the private hospital operator?

Only a two-year employment guarantee was offered with no opportunity to negotiate. Staff will be employees of the private operator and transferred to its workplace agreement. Under the two-year guarantee their employment will continue and they cannot be terminated unless for reasons of performance.

In June, 2016 Premier Mike Baird introduced a regulation that terminated the redundancy entitlements of public servants who are transferred to the non-government sector, so these entitlements will be lost after two years working for the private hospital operator.

How many beds will be for public patients and how many for private? What happens if there are no more public beds available?

We are unsure of the bed breakdown at this stage or what will likely happen to public patients if public beds aren't available. In the case of the Northern Beaches PPP, Mike Baird reassured the public that "There is no minimum number of beds for public patients. The hospital operator will need to provide health services for however many public patients present to the hospital and the contract ensures that condition will be honoured." It is unclear whether the same guidelines will be set out by the government for these five PPPs. Either way, if a private patient equals more profit, it's clear where the private operators' priorities will lie.

What will happen if the hospital fails privately like Port Macquarie Hospital?

If the private provider doesn't then turn a profit and the government is forced to buy back the hospital – as we've seen many times before (Port Mac, La Trobe) – that cost is passed on to the taxpayer.

Will private patients be prioritised over public patients under the new model?

Private patients turn a higher profit for private operators, so it's common with PPPs for a certain number of beds to be allocated to private patients. This could mean that those beds sit empty while public patients bank up in emergency waiting for public beds to become available.

Is there a risk that patient care will be compromised?

No large private hospital operator has been prepared to agree to nurse to patient ratios anywhere in NSW. Without these, patient safety is dependent upon budget, and now profit, to determine staffing levels.